

4

15/08/2003 15:31 FAX

002/005

MAY. 6, 2003 3:17PM SCH. 1 REMLEY

NO. 857 P. 6

ACCORD CERTIFICATE OF LIABILITY INSURANCEOP ID NS
MCD-C-1DATE (MM/DD/YYYY)
05/08/03

INSURER

Remley, Remley & Assoc., Inc
11 Johnson Drive, Suite 500
Mission KS 66205
Phone: 913-831-1777 Fax: 913-831-4730

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Zurich Insurance Company
INSURER B: WestPort Insurance Corporation
INSURER C: Zurich Insurance Company
INSURER D:
INSURER E:

RED

Mid-Continental Restoration Co
Inc.
P O Box 429
Ft. Scott KS 66701

TERMS

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR Y PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	GENERAL LIABILITY	GL0351723801	07/01/02	07/01/03	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$5,000
	<input checked="" type="checkbox"/> Contractual				PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$1,000,000
X	AUTOMOBILE LIABILITY	BAP3517240-01 TAP3517241-01	07/01/02 07/01/02	07/01/03 07/01/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
X	EXCESS/UMBRELLA LIABILITY	TWG000390	07/01/02	07/01/03	EACH OCCURRENCE \$5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$5,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC351723901 (EXCEPT MONOPOLISTIC STATES)	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	EL EACH ACCIDENT \$1000000				
yes, describe under SPECIAL PROVISIONS below	EL DISEASE - EA EMPLOYEE \$1000000				
OTHER	EL DISEASE - POLICY LIMIT \$1000000				

OPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES PROJECT- JOB
095007. GENERAL LIABILITY-CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER
ATTACHED FORM CG2010.

CERTIFICATE HOLDER**CANCELLATION**

SWINERT

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, WHO HAS NO RECORD OF ANY OTHER POLICIES OR COVERAGE WITH ANY OTHER INSURER. THIS NOTICE IS NOT A CONTRACT. IF THE INSURER CANCELS THIS CERTIFICATE, THE INSURER WILL NOT BE RESPONSIBLE FOR ANY CLAIMS MADE AGAINST THE INSURED.

AUTHORIZED REPRESENTATIVE

Swinerton Builders
55 Waugh Dr., Ste. 1200
Houston TX 77007

Remley NW

5/08/2003 15:31 FAX

0003/005

MAY. 8. 2003 3:17PM

SCI IN REMLEY

NO. 857 P. 7

Policy Number: GL0351723801

Commercial General Liability

Named Insured: Mid-Continental Restoration Co., Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

University of Houston Clear Lake

Swinerton Builders, its parent and
affiliated companies, The Owner,
et al, Hellmuth, Obata & Kassabaum, Inc.,
and Other parties as required by Owner
and/or construction activities.

(If no entry appears above, information required to complete this endorsement will be shown in the
Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown
in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional
Insured(s) shall be primary insurance as respects any claim, loss or liability arising out of the Named
Insured's ongoing operations, and any other insurance maintained by the Additional Insured(s) shall be
excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability of interest clause.

05/08/2003 15:31 FAX

004/005

MAY. 8. 2003 3:16PM

SCHL. REMLEY

NO. 857

P. 2

DATE (MM/DD/YY)

05/01/03

ACORD

CERTIFICATE OF PROPERTY INSURANCE

DOCER

hifman, Remley & Assoc., Inc
01 Johnson Drive, Suite 500
Mission KS 66205

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A

Zurich Insurance Company

COMPANY
BCOMPANY
CCOMPANY
D

one: 913-831-1777 Fax: 913-831-4730
IRED

Mid-Continental Restoration Co
Inc.
P O Box 429
Ft. Scott KS 66701

VERSES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
<input type="checkbox"/> PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD				BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ \$ \$ \$ \$ \$ \$
<input checked="" type="checkbox"/> INLAND MARINE TYPE OF POLICY Builders Risk CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME TYPE OF POLICY	MCP2994130	07/01/02	07/01/03	<input checked="" type="checkbox"/> Builders Risk <input checked="" type="checkbox"/> Deductible <input checked="" type="checkbox"/> Transit <input checked="" type="checkbox"/> Temporary Storage	\$500,000 \$2,500 \$500,000 \$500,000 \$ \$
<input type="checkbox"/> BOILER & MACHINERY					\$ \$ \$ \$
<input type="checkbox"/> OTHER					

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES

SWINE - 1

SWINERTON BUILDERS
ATTN: ROBERT CUMMINGS
55 WAUGH DRIVE, STE 1200
HOUSTON TX 77007

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ray Remley NW

FD 21475

ACORD CORPORATION

1995

5/08/2003 15:31 FAX

005/005

MAY. 8. 2003 3:16PM SCH. AN REMLEY

NO. 857 P. 3

OTEPAD: [REDACTED]

Exterior Building Repair - University of Houston - Clear Lake, Student
Services/Classroom Building, Houston, TX JOB #02095007

05/08/2003 15:30 FAX

001/005

FAX



DATE

5/8/2003

OF PAGES INCLUDING COVER 5

TO: RUSSELL WILSON

FROM: SUSAN

MID-CONTINENTAL
RESTORATION CO., INC.400 E HUDSON
PO BOX 429
FT SCOTT KS 66701-0429

HOME: (713) 986-1465

FAX PHONE: (713) 986-1484

PHONE: 620-223-3700 EXT 22

FAX PHONE: 620-223-5052

HARD
COPY☒ YES☐ NO

REMARKS:

☐ URGENT☐ FOR YOUR REVIEW☐ REPLY ASAP☐ PLEASE COMMENT

Thanks

ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID NS
MID-C-1 DATE (MM/DD/YYYY)
05/08/03

PRODUCER

hifman, Remley & Assoc., Inc
01 Johnson Drive, Suite 500
ssion KS 66205
one: 913-831-1777 Fax: 913-831-4730

JURED

Mid-Continental Restoration Co
Inc.
P O Box 429
Ft. Scott KS 66701

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Zurich Insurance Company
INSURER B: WestPort Insurance Corporation
INSURER C: Zurich Insurance Company
INSURER D:
INSURER E:

VERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDU INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC	GL0351723801	07/01/02	07/01/03	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAP3517240-01 TAP3517241-01	07/01/02 07/01/02	07/01/03 07/01/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	TWG000390	07/01/02	07/01/03	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC351723901 (EXCEPT MONOPOLISTIC STATES)	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

OPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES PROJECT- JOB
095007. GENERAL LIABILITY-CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER
ATTACHED FORM CG2010.

CERTIFICATE HOLDER

SWINERT

Swinerton Builders
55 Waugh Dr., Ste. 1200
Houston TX 77007

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ~~SEND BY MAIL~~ 30 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BY MAIL TO THE CERTIFICATE HOLDER~~
~~IMPOSE NO OBLIGATION ON INSURER TO MAIL NOTICE TO THE CERTIFICATE HOLDER~~
~~REPRESENTATIVES~~

AUTHORIZED REPRESENTATIVE

Suzanne Remley / NW

Policy Number: GL0351723801

Commercial General Liability

Named Insured: Mid-Continental Restoration Co., Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

University of Houston Clear Lake

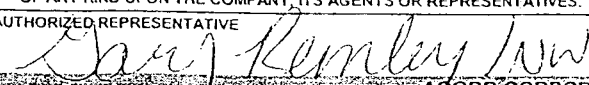
Swinerton Builders, its parent and
affiliated companies, The Owner,
et al, Hellmuth, Obata & Kassabaum, Inc.,
and Other parties as required by Owner
and/or construction activities.

(If no entry appears above, information required to complete this endorsement will be shown in the
Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown
in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional
Insured(s) shall be primary insurance as respects any claim, loss or liability arising out of the Named
Insured's ongoing operations, and any other insurance maintained by the Additional Insured(s) shall be
excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability of interest clause.

ACORD CERTIFICATE OF PROPERTY INSURANCE		DATE (MM/DD/YY) 05/08/03	
DUCER ifman, Remley & Assoc., Inc 01 Johnson Drive, Suite 500 ssion KS 66205 one: 913-831-1777 Fax: 913-831-4730 RED Mid-Continental Restoration Co Inc. P O Box 429 Ft. Scott KS 66701		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A Zurich Insurance Company COMPANY B COMPANY C COMPANY D	
COVERAGES			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)
<input type="checkbox"/> PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD			BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP
<input checked="" type="checkbox"/> INLAND MARINE TYPE OF POLICY Builders Risk CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME TYPE OF POLICY	MCP2994130	07/01/02	07/01/03 <input checked="" type="checkbox"/> Builders Risk <input checked="" type="checkbox"/> Deductible <input checked="" type="checkbox"/> Transit <input checked="" type="checkbox"/> Temporary Storage
<input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> OTHER			
TION OF PREMISES/DESCRIPTION OF PROPERTY			
AL CONDITIONS/OTHER COVERAGES			
CERTIFICATE HOLDER		CANCELLATION	
SWINE - 1 SWINERTON BUILDERS ATTN ROBERT CUMMINGS 55 WAUGH DRIVE, STE 1200 HOUSTON TX 77007		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 	
(D 24 (1/95)		ACORD CORPORATION 1995	

5

ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID - SG
MID-C-1DATE (MM/DD/YYYY)
06/26/03

DOUCER

Shifman, Remley & Assoc., Inc
101 Johnson Drive, Suite 500
Mission KS 66205
Phone: 913-831-1777 Fax: 913-831-4730

URED

Mid-Continental Restoration Co
Inc.
P O Box 429
Ft. Scott KS 66701THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: St Paul Mercury Insurance Co
INSURER B: St Paul Fire & Marine Ins Co
INSURER C: WestPort Insurance Corporation
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
X	GENERAL LIABILITY	KK08001080	07/01/03	07/01/04	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	
	<input checked="" type="checkbox"/> Contractual				\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				MED EXP (Any one person)	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				\$ 10,000	
					PERSONAL & ADV INJURY	
					\$ 1,000,000	
					GENERAL AGGREGATE	
					\$ 2,000,000	
					PRODUCTS - COMP/OP AGG	
					\$ 2,000,000	
X	AUTOMOBILE LIABILITY	KK08001080 KA08000226	07/01/03 07/01/03	07/01/04 07/01/04	COMBINED SINGLE LIMIT (Ea accident)	
	<input checked="" type="checkbox"/> ANY AUTO				\$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS			BODILY INJURY (Per accident)		
					\$	
					PROPERTY DAMAGE (Per accident)	
					\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				\$	
					OTHER THAN EA ACC	
					AUTO ONLY: AGG	
					\$	
X	EXCESS/UMBRELLA LIABILITY	TWG00039002	07/01/03	07/01/04	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$ 5,000,000	
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE	
	<input type="checkbox"/> RETENTION \$				\$ 5,000,000	
					\$	
					\$	
					\$	
					\$	
					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WVK8000896 (EXCEPT MONOPOLISTIC STATES)	07/01/03	07/01/04	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$ 1000000
					E.L. DISEASE - EA EMPLOYEE	\$ 1000000
					E.L. DISEASE - POLICY LIMIT	\$ 1000000
OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES PROJECT- JOB

2095007. GENERAL LIABILITY-CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER

ATTACHED ENDORSEMENT

CERTIFICATE HOLDER

SWINERT

Swinerton Builders
55 Waugh Dr., Ste. 1200
Houston TX 77007

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ~~BE REQUIRED TO~~ MAIL 30 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT ~~BEFORE THE EXPIRATION DATE~~

AUTHORIZED REPRESENTATIVE

Eddie S Newborn

6

MARSH

CERTIFICATE

IRANCE

CERTIFICATE NUMBER
NYC-001897757-04

PRODUCER

Marsh USA Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: (212) 345-0000

RECEIVED
RECEIVED
JUN 11

JUN 03 2011
Lyda Swinerton
Builders, Inc.

INSURED

INGERSOLL-RAND COMPANY
DBA ELECTRONIC TECHNOLOGIES CORPORATION
200 CHESTNUT RIDGE ROAD
WOODCLIFF LAKE, NJ 07675

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A ACE AMERICAN INSURANCE COMPANY

COMPANY

B LEXINGTON INSURANCE COMPANY

COMPANY

C INDEMNITY INS CO OF N. AMERICA

COMPANY

D N/A

COVERAGE

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY	HDO G21690661	01/01/04	01/01/05	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$ 5,000,000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS - COMP/OP AGG \$ 5,000,000
OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY \$ 5,000,000
<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY				EACH OCCURRENCE \$ 5,000,000
				FIRE DAMAGE (Any one fire) \$ 1,000,000
				MED EXP (Any one person) \$ 10,000
AUTOMOBILE LIABILITY	ISA HO 794097A	01/01/04	01/01/05	
<input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 1,000,000
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN AUTO ONLY: \$
				EACH ACCIDENT \$
				AGGREGATE \$
EXCESS LIABILITY	741-04-56	01/01/04	01/01/05	
<input checked="" type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$ 10,000,000
<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$ 10,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLRC43970252 (AOS) SCF C43970215 (MA,WI)	01/01/04 01/01/04	01/01/05 01/01/05	
THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL			<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER \$ 3,000,000
OTHER				EL EACH ACCIDENT \$ 3,000,000
				EL DISEASE-POLICY LIMIT \$ 3,000,000
				EL DISEASE-EACH EMPLOYEE \$ 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JOB #020950070- UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES.

ATTACHED.

clack

C#498451

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Thomas A. Caldwell

Thomas Caldwell

MM1(3/02)

VALID AS OF: 05/21/04

SWINERTON BUILDERS CO.
55 WAUGH DRIVE, SUITE 1200
HOUSTON, TX 77007

POLICY NUMBER: HDO G21690661

ENDT. #16

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

- * SWINERTON BUILDERS CO., ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL
HELLMUTH, OBATA & KASSABAUM, INC.: AND OTHER PARTIES AS REQUIRED BY OWNER
AND/ OR CONSTRUCTION ACTIVITY

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of [REDACTED] or premises owned by or rented to you.

ENTERED

ADDITIONAL INFORMATION		DATE (MM/DD/YY) 05/21/04
PRODUCER Marsh USA Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: (212) 345-6000	COMPANIES AFFORDING COVERAGE	
	COMPANY E N/A	
	COMPANY F	
INSURED INGERSOLL-RAND COMPANY DBA ELECTRONIC TECHNOLOGIES CORPORATION 200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07675	COMPANY G	
	COMPANY H	

EXCEPT FOR WORKERS COMPENSATION, EMPLOYER'S LIABILITY & AUTOMOBILE LIABILITY THE FOLLOWING SHALL BE INCLUDED AS ADDITIONAL INSURED(S):

SWINERTON BUILDERS COMPANY, ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL HELLMUTH, OBATA & KASSABAUM, INC.: AND THEIR PARTIES AS REQUIRED BY OWNER AND/OR CONSTRUCTION/ACTIVITY.

SUBJECT TO THE FOLLOWING LIMITATIONS: (1) THOSE ADDITIONAL INSURED(S) NAMED SHALL BE ENTITLED TO INDEMNIFICATION AS AN ADDITIONAL INSURED ONLY TO THE EXTENT OF ITS VICARIOUS LIABILITY ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND COMPANY, AND (2) THOSE ADDITIONAL INSURED(S) NAMED SHALL BE ENTITLED TO DEFENSE AS AN ADDITIONAL INSURED ONLY IF THE COMPLAINT AGAINST IT ALLEGES ONLY VICARIOUS LIABILITY OF THOSE ADDITIONAL INSURED(S) NAMED ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND COMPANY.

SWINERTON BUILDERS CO.
55 WAUGH DRIVE, SUITE 1200
HOUSTON, TX 77007

MARSH USA INC. BY

Thomas A. Caldwell

Thomas Caldwell

MARSH**CERTIFICATE C****IRANCE**CERTIFICATE NUMBER
NYC-001897757-03

PRODUCER

Marsh USA Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: (212) 345-6000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

RECEIVED
MAY 24 2004

COMPANIES AFFORDING COVERAGE

COMPANY

A ACE AMERICAN INSURANCE COMPANY
Lyda Swinerton Builders, Inc.

COMPANY

B LEXINGTON INSURANCE COMPANY

COMPANY

C INDEMNITY INS CO OF N. AMERICA

COMPANY

D N/A

SURED

INGERSOLL-RAND COMPANY
DBA ELECTRONIC TECHNOLOGIES CORPORATION
200 CHESTNUT RIDGE ROAD
WOODCLIFF LAKE, NJ 07675**COVERAGES**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY	HDO G21690661	01/01/04	01/01/05	GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 PERSONAL & ADV INJURY \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000 FIRE DAMAGE (Any one fire) \$ 1,000,000 MED EXP (Any one person) \$ 10,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ISA HO 794097A	01/01/04	01/01/05	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	741-04-56	01/01/04	01/01/05	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WLRC43970252 (AOS) SCF C43970215 (MA,WI)	01/01/04 01/01/04	01/01/05 01/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 3,000,000 EL DISEASE-POLICY LIMIT \$ 3,000,000 EL DISEASE-EACH EMPLOYEE \$ 3,000,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JOB #020950070- UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES.
IS ATTACHED.**Clear Lake**

CERTIFICATE HOLDER

SWINERTON BUILDERS CO.
55 WAUGH DRIVE, SUITE 1200
HOUSTON, TX 77007**CANCELLATION**

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

By: Thomas A. Caldwell

Thomas Caldwell

MM1(3/02)

VALID AS OF: 05/20/04

ADDITIONAL INFORMATION

DATE (MM/DD/YY)

POLICY NO. 001897757-03

05/20/04

PRODUCER

Marsh USA Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: (212) 345-6000

COMPANIES AFFORDING COVERAGE**COMPANY**

E N/A

COMPANY

F

INSURED

INGERSOLL-RAND COMPANY
DBA ELECTRONIC TECHNOLOGIES CORPORATION
200 CHESTNUT RIDGE ROAD
WOODCLIFF LAKE, NJ 07675

COMPANY

G

COMPANY

H

EXCEPT FOR WORKERS COMPENSATION, EMPLOYER'S LIABILITY & AUTOMOBILE LIABILITY THE FOLLOWING SHALL BE INCLUDED AS ADDITIONAL INSURED(S):

WINERTON BUILDERS COMPANY, ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL HELLMUTH, OBATA & KASSABAUM, INC.: AND THEIR PARTIES AS REQUIRED BY OWNER AND/OR CONSTRUCTION/ACTIVITY.

SUBJECT TO THE FOLLOWING LIMITATIONS: (1) THOSE ADDITIONAL INSURED(S) NAMED SHALL BE ENTITLED TO INDEMNIFICATION AS AN ADDITIONAL INSURED ONLY TO THE EXTENT OF ITS VICARIOUS LIABILITY ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND COMPANY, AND (2) THOSE ADDITIONAL INSURED(S) NAMED SHALL BE ENTITLED TO DEFENSE AS AN ADDITIONAL INSURED ONLY IF THE COMPLAINT AGAINST IT ALLEGES ONLY VICARIOUS LIABILITY OF THOSE ADDITIONAL INSURED(S) NAMED ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND COMPANY.

ADDITIONAL INFORMATION

SWINERTON BUILDERS CO.
55 WAUGH DRIVE, SUITE 1200
HOUSTON, TX 77007

MARSH USA INC. BY

Thomas A. Caldwell

Thomas Caldwell

POLICY NUMBER: HDO G21690661

ENDT. #16

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

- * SWINERTON BUILDERS CO., ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL
HELLMUTH, OBATA & KASSABAUM, INC.: AND OTHER PARTIES AS REQUIRED BY OWNER
AND/ OR CONSTRUCTION ACTIVITY

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

- * Any person, organization, trustee or estate to whom or to which the named insured is obligated by virtue of any agreement, to provide insurance such as is afforded by this policy, but only to the extent and for such limits as the named insured has agreed prior to loss to provide insurance for such person, organization, trustee or estate. This insurance, provisions of this policy to the contrary notwithstanding, if the named insured has agreed to provide primary insurance, will be considered as primary insurance.

✓

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ACORD DATE (MM/DD/YY) 06/18/03					
PRODUCER Wellmann Insurance Agency, Inc 103 East Academy Street Brenham, TX 77833 (979) 836-3613 INSURED Escal Plumbing, Inc. 11070 Regency Green Dr Cypress TX 77429			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A Continental Western Ins Co COMPANY B Union Insurance Company COMPANY C COMPANY D		
COVERAGE THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TP 1790934-22	10/16/02	10/16/03	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/PROP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	TA 2333704-22	10/16/02	10/16/03	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
B	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
A	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	NO 9040105-21	01/09/03	10/16/03	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NC 2508582-22	10/16/02	10/16/03	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER \$ 1,000,000
	THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 1,000,000
					EL DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Attn: Russell Wilson, FAX 713/986-1484 CL - Certificate holder is an additional insured per attached form CG 20 10 DMCL Student Services Project Swinerton Eldra job No. 02095007					
Swinerton Builders 55 Waugh Dr, STE 1200 Houston, TX 77007			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE David Wellmann, CIC <i>David Wellmann CIC</i>		

8-18-03; 1:59PM;UNIO

ID SA

210 979 2151

1/ 5

TP 1790934 - 22

10/16/02

SA4

06/18/03

CG 20 10 03 97

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

TIMCO CUSTOM BUILDERS & CONTRACTORS,
INC.
P.O. BOX 243
CHANNELVIEW, TX 77530

RE REED CONSTRUCTION, L.C.
VANTAGE DEVELOPMENT #28, INC.
SOUTH TRUST BANK
P.O. BOX 108
SUGAR LAND, TX 77487-0108

COLLIER CONSTRUCTION
P.O. BOX 1889
BRENNHAM, TX 77834-1889

Brae Burn Construction Company
Attn: Steve Smith
P.O. Box 742288
Houston, TX 77274

SCS Construction Management Inc
Attn: Al Weaver
7438 Wright Road
Houston, TX 77041

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Who Is An Insured (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

TP 1790934 - 22

10/16/02

SA4

06/18/03

CG 20 10 03 97

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

EE REED CONSTRUCTION, L.C.
VANTAGE DEVELOPMENT #24, INC.
GUARANTY FEDERAL BANK, FSB
P.O. BOX 108
SUGAR LAND, TX 77487-0108

DYAD CONSTRUCTORS, INC.
ITS OWNERS & ARCHITECTS.
8505 HOLT STREET
HOUSTON, TX 77054-4000

DALMAC CONSTRUCTION COMPANY
TOMBALL ISD
SHW GROUP, INC.
11335 CLAY RD., SUITE 190
HOUSTON, TX 77041

EE REED CONSTRUCTION LC
CLAY CROSSING BUSINESS CENTER II, LP
P.O. BOX 108
SUGAR LAND, TX 77487-0108

Falcon Group Construction
5225 Katy Freeway, Ste 530
Houston, TX 77007

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Who Is An Insured (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

TP 1790934 - 22 10/16/02 SA4 06/18/03

CG 20 10 03 97

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Construction, LTD
1825 Upland
Houston, TX 77043

MARSHALL CONSTRUCTION CO., INC.
P.O. BOX 7538
HOUSTON, TX 77270-7538

Sterling Structures LP
9039 Kathy Freeway #301
Houston, TX 77024

Swinerton Builders
55 Waugh Drive, Ste 1200
Houston, TX 77007

Applies To: SWINERTON BUILDERS

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Who Is An Insured (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

TP 1790934 - 22 10/16/02 SA4 06/18/03

CG 02 05 01 96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS CHANGES - AMENDMENT OF CANCELLATION
PROVISIONS OR COVERAGE CHANGE.**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTIN LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part, we agree to mail prior written notice of cancellation or material change to:

SCHEDULE

TIMCO CUSTOM BUILDERS & CONTRACTORS,
INC.
P.O. BOX 243
CHANNELVIEW, TX 77530

EE REED CONSTRUCTION, L.C.
VANTAGE DEVELOPMENT #28, INC.
SOUTH TRUST BANK
P.O. BOX 108
SUGAR LAND, TX 77487-0108

COLLIER CONSTRUCTION
P.O. BOX 1889
BRENNHAM, TX 77834-1889

Brae Burn Construction Company
Attn: Steve Smith
P.O. Box 742288
Houston, TX 77274

SCS Construction Management Inc
Attn: Al Weaver
7438 Wright Road
Houston, TX 77041

Number of days advance notice: 30

EE REED CONSTRUCTION, L.C.
VANTAGE DEVELOPMENT #24, INC.
GUARANTY FEDERAL BANK, FSB
P.O. BOX 108
SUGAR LAND, TX 77487-0108

DYAD CONSTRUCTORS, INC.
ITS OWNERS & ARCHITECTS
8505 HOLT STREET
HOUSTON, TX 77054-4000

DALMAC CONSTRUCTION COMPANY
TOMBALL ISD
SHW GROUP, INC.
11335 CLAY RD., SUITE 190
HOUSTON, TX 77041

EE REED CONSTRUCTION LC
CLAY CROSSING BUSINESS CENTER II, LP
P.O. BOX 108
SUGAR LAND, TX 77487-0108

Falcon Group Construction
5225 Katy Freeway, Ste 530
Houston, TX 77007

Number of days advance notice: 30

Construction, LTD
1825 Upland
Houston, TX 77043

MARSHALL CONSTRUCTION CO., INC.
P.O. BOX 7538
HOUSTON, TX 77270-7538

Sterling Structures LP
9039 Kathy Freeway #301
Houston, TX 77024

Swinerton Builders
55 Waugh Drive, Ste 1200
Houston, TX 77007
Applies To: SWINERTON BUILDERS

Number of days advance notice: 30

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

ACORD**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)

03/18/03

PRODUCERWellmann Insurance Agency, Inc
103 East Academy Street

Branham, TX 77833

(979) 836-3613

INSURED

Excel Plumbing, Inc.

11070 Regency Green Dr
Cypress TX 77429

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGECOMPANY
A Continental Western Ins CoCOMPANY
B Union Insurance CompanyCOMPANY
CCOMPANY
D

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TP 1790934-22	10/16/02	10/16/03	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	TA 2333704-22	10/16/02	10/16/03	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
B	<input checked="" type="checkbox"/> HIRED AUTOS				
B	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	NU 9048105-21	01/09/03	10/16/03	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MC 2508582-22	10/16/02	10/16/03	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER \$
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 1,000,000
	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Attn: Russell Wilson, FAX 713/986-1484

GL - Certificate holder is an additional insured per attached form CC 20 10

UNCL Student Services Project Swinerton Bldg job No. 02095007

Swinerton Builders
55 Waugh Dr, STE 1200
Houston, TX 77007

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

David Wellmann, CIC

David Wellmann, CIC

TP 1790934-22 10/16/02 REC 05/05/03

101
US CD 60

Continental Western Insurance Company
AMENDATORY ENDORSEMENT

5/15/03 db
CO 143
COB47

Policy No. TP 1790934-22

Named Insured and Address EXCEL PLUMBING, INC. 11070 REGENCY GREEN DRIVE CYPRESS, TX 77429	Agent Name and Address 2526 (979) 836-3613 WELLMANN INSURANCE AGENCY, INC 103 E ACADEMY BRENHAM, TX 77833
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This endorsement, effective March 18, 2003, forms a part of Policy TP 1790934 - 22

\$ 12,989 ADJUSTED Annual Premium
\$ 29 ADDITIONAL Premium For Endorsement

PREMIUM DISTRIBUTION

Coverage	Additional	Return
General Liability	\$ 29	
Total	\$ 29	\$

@19%

DESCRIPTION OF CHANGES

ADD THE FOLLOWING AS ADDITIONAL INSURED WITH 30 DAY NOTICE OF CANCELLATION IN
REGARDS TO GENERAL LIABILITY - FORM CG 2010 APPLIES WITH \$50 CHARGE.
CG0205 APPLIES - NO CHARGE:

SWINERTON BUILDERS
55 WAUGH DRIVE, STE 1200
HOUSTON, TX 77007

8

DATE
05/19/2004

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: **ATLANTIC CASUALTY**

INSURER B

INSURER C

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY		L-076001004	09/04/2003	09/04/2004	EACH OCCURRENCE	\$ 1,000,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	FIRE DAMAGE (Any one fire)				\$ 50,000	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)				\$ 5,000	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	GENERAL AGGREGATE				\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG	\$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS					AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> NON OWNED AUTOS					OTHER THAN EA ACC	\$
					AUTO ONLY AGG	\$
GARAGE LIABILITY					EACH OCCURRENCE	\$
<input type="checkbox"/> ANY AUTO					AGGREGATE	\$
<input type="checkbox"/>						\$
EXCESS LIABILITY						\$
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE						\$
<input type="checkbox"/> DEDUCTIBLE						\$
<input type="checkbox"/> RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
					E L EACH ACCIDENT	\$
					E L DISEASE - EA EMPLOYEE	\$
					E L DISEASE - POLICY LIMIT	\$
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICE PROJECT - CERTIFICATE HOLDER IS SHOWN AS AN ADDITIONAL INSURED

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~SEND BY~~ MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

HOUSTON **TX 77007-5837**

ORD 25-S (7/97)
- INS025S (9910) 02

ELECTRONIC LASER FORMS, INC. - (800)327-0545

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

FACSIMILE COVER PAGE

To : SWINERTON BLDRS
Sent : 5/27/2004 at 1:47:20 PM
Subject : CYPRESS IND. COATING

From : FIRE
Pages : 3 (including Cover)

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID # CREAT-1	DATE (MM/DD/YYYY) 07/15/04
PRODUCER Mann Insurance Agency 10 S. Main Rd., Suite A-1 City TX 77450 Phone: 281-392-2886 Fax: 281-392-3291 CYPRESS INDUSTRIAL COATINGS STAN ZAMBRELLI 15222 NEW CYPRESS DRIVE CYPRESS TX 77429		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: AmComp Assurance #1308	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGE					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person)
					PERSONAL & ADV INJURY
					GENERAL AGGREGATE
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
	AUTO/MOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO				BODILY INJURY (Per person)
	ALL OWNED AUTOS				BODILY INJURY (Per accident)
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)
	HYBRID AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
	ANY AUTO				OTHER THAN EA ACC
					AUTO ONLY: AGG
	EXCESS UMBRELLA LIABILITY				EACH OCCURRENCE
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	T.B.A.	03/25/04	03/25/05	WC STATUTORY LIMITS
	ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED?				
	If yes, describe under SPECIAL PROVISIONS below				
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

IB #02095007

CERTIFICATE HOLDER Swinerton Builders 713-986-1484 55 Waugh Drive #1200 Houston TX 77007	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Dennis Hamann
---	--

ORD 26 (2/01/08)